

California Health and Human Services (CHHS) Agency – July 12, 2016

Outline from Tribal Chairs' Feedback from Tribal Consultation Workgroup meeting on 8-5-14 in Sacramento	DRAFT California Health and Human Services Agency Tribal Consultation Policy for Tribal Leaders' review – 7-12-16
<p data-bbox="237 393 1035 425">I. Purpose: What should the purpose of the policy be?</p> <p data-bbox="285 467 1050 604">Foster and recognize sovereign government within the State of California. One sovereign nation, to another. The California Health and Human Services (CHHS) Agency and the State recognize U.S. and Tribal Law.</p>	<p data-bbox="1089 393 1367 425"><u>Purpose of the Policy</u></p> <p data-bbox="1089 467 1948 714">California Health and Human Services Agency. The role of the California Health and Human Services Agency is to provide policy leadership and direction to the departments and programs it oversees, to reduce duplication and fragmentation and improve coordination among the departments, to ensure programmatic integrity, and to advance the Governor's priorities on health and human services issues.</p> <p data-bbox="1089 760 1944 935">The Agency coordinates the administration of state and federal programs for public health, health care services, social services, public assistance, health planning and licensing, and rehabilitation. These programs touch the lives of millions of California's most needy and vulnerable residents.</p> <p data-bbox="1089 980 1940 1156">Executive Order. On September 19, 2011, Governor Edmund G. Brown, Jr. issued Executive Order B-10-11, which provides that it is the policy of the Administration that every state agency and department subject to executive control shall encourage communication and consultation with California Indian Tribes.</p> <p data-bbox="1089 1201 1936 1377">Purpose of Policy and Definition. The purpose of this policy is to facilitate effective government-to-government consultation between the California Health and Human Services Agency, the departments of the California Health and Human Services Agency, and sovereign California federally-recognized tribes</p>

California Health and Human Services (CHHS) Agency – July 12, 2016

	<p>(“tribes”), in order to 1) encourage tribes to provide meaningful input into the development of regulations, rules and policies that may affect tribal communities, and 2) promote opportunities for state departments to learn from tribal program experience and results to inform program operations and policy development statewide and in non-tribal populations.</p>
<p>II. Existing Laws and Regulations: Each department and office has its own applicable laws and regulations. Should this be recognized in the policy?</p> <p>Recognize all applicable State, Federal and Tribal Laws.</p>	<p><i>Existing Laws and Regulations.</i> Each department in the California Health and Human Services Agency has a different statutory mandate and, in some cases, may have consultation, communication, collaboration or interaction requirements in place through existing laws or regulations. Department is defined as any department or office within the California Health and Human Services Agency. This policy defines provisions for improving California Health and Human Services Agency consultation, communication and collaboration with tribes to the extent that a conflict does not exist with applicable law or regulations.</p>
<p>III. Values: What values should we build into this policy?</p> <ol style="list-style-type: none"> 1. Departments must recognize and respect diverse tribal customs and traditions that may be applicable when services are provided 2. Cooperation 3. Honoring Tribal Sovereignty – Government to Government interaction 4. Transparency 	<p><i>Values.</i> This policy anticipates a deliberative process that aims to create effective collaboration and informed decision-making where all parties share a goal to create conduits of communication and forums for discussion so that issues are fully explored, pros and cons evaluated so that informed decision making can occur. All parties in the process should promote cooperation, honoring of tribal sovereignty, and transparency. There also should be recognition and respect for diverse tribal customs and traditions, which may especially be applicable when services are provided.</p> <p><i>Scope.</i> This policy is intended solely for direction to employees of the California Health and Human Services Agency and its departments and does not extend to other governmental entities.</p>

California Health and Human Services (CHHS) Agency – July 12, 2016

	<p>This policy is not intended, and should not be construed, to define the legal relationship between the California Health and Human Services Agency and its departments and tribes. This policy is not a regulation, and it does not create, expand, limit, waive, or interpret any legal rights or obligations.</p> <p><i>The Secretary of the California Health and Human Services Agency hereby directs the Agency and its departments to undertake implementation of this Tribal Consultation Policy.</i></p>
<p>IV. Tribes and tribal health programs: Should departments outreach to leaders of California tribes and/or tribal health program leaders?</p> <p>The primary contact is the Tribal Chairperson or designee by resolution and/or letter. Formal notice by letter. Tribal health plan leaders will be copied to the degree feasible.</p>	<p><u>Implementation of the Tribal Consultation Policy</u></p> <p>1. Leaders to Contact. The primary contact for the Agency and department for each tribe is the elected Tribal Chairperson or his/her designee by resolution or letter. The Agency and departments will use the contact list of Tribal Chairpersons maintained by the Governor’s Tribal Advisor and available on its website.</p> <p>The Agency and departments will copy appropriate tribal program staff on communications, to the degree feasible.</p>
<p>V. Issue identification: On what issues should departments outreach?</p> <p>Oversight, planning, development, and implementation of any policies that impact California tribal members. Include relevant state budget related information.</p>	<p>2. Issue Identification. The Agency and departments must consult with tribes at the earliest possible time in the planning process for policies that impact tribal members. This includes the development and implementation of these policies, as well as relevant state budget related information.</p>
<p>VI. Timing: When should departments conduct their</p>	<p>3. Timing of Notification. The agency and departments should</p>

California Health and Human Services (CHHS) Agency – July 12, 2016

<p align="center">outreach in their planning processes?</p> <p>Tribes should be aware of State process timelines (Budget cycle, legislative cycle, etc.). Notices should be provided to tribes as early as possible. Written materials should be submitted 90 days in advance, notifications (correspondence, updates, etc.) should be 30 days in advance.</p>	<p>provide notice of issues for consultation to tribes as early as possible. Tribes should be aware of state process timelines, including the budget and legislative cycles, which guide state decision making processes.</p>
<p>VII. Frequency: How often should departments conduct their outreach?</p> <p>Annual meetings (high level), ongoing – as needed meetings for departments that have programs that affect tribes (note that CHHS Agency may need to determine which departments are included – i.e. Dept. of Health Care Services (DHCS), Dept. of Public Health (CDPH), Dept. of Social Services (DSS) and others.</p> <p>Tribal leaders can request a consultation meeting with the State, depending on the need /issue. Tribal leaders make this determination and the State will work to accommodate.</p>	<p>4. <i>Frequency of Communication.</i> Each department is responsible for regular and early consultation with tribes in order to promote effective collaboration. Departments are encouraged to conduct their outreach with annual meetings, and other meetings as needed for departments with programs that directly impact tribes and tribal communities. Tribal Chairpersons can request a consultation meeting with the Agency and departments for more specific needs and issues that arise.</p>
<p>VIII. Dissemination of information: How should departments disseminate public documents, notices and information?</p> <p>By mail, email, and phone calls.</p>	<p>5. <i>Dissemination.</i> To foster participation by tribal leaders, departments are encouraged to use all methods of dissemination of information relevant to tribes, including mail, email, and phone communication.</p>
<p>IX. Designation by departments: Should each department designate a tribal liaison? Who should this be within the department?</p>	<p>6. <i>Tribal Liaison Designation.</i> The Agency and departments are to each designate a Tribal Liaison to serve as the central point of contact for tribes. The role of the Tribal Liaison will be to</p>

California Health and Human Services (CHHS) Agency – July 12, 2016

<p>Tribal liaisons should attend cultural competency training as offered by tribes / State (Office of the Governor’s Tribal Advisor).</p> <p>Each department will maintain a tribal liaison (at the executive level), and the CHHS Agency will maintain a single liaison as well. Consideration given to “Indian preference” with respect to identifying liaisons at the Agency and department levels. Liaisons will be trained on cultural competency, or can possess previous experience/knowledge of tribal culture, heritage, tradition, etc.</p>	<p>ensure that Agency and department outreach and communication efforts are undertaken in a manner consistent with this policy. It is advised that the Tribal Liaison be at the executive level or a designated representative of the executive team of the Agency or department.</p> <p>The Agency and departments should consider identifying Tribal Liaisons who are themselves tribal members and may possess previous experience and knowledge of tribal cultures, tribal governments, and tribal health programs. Tribal Liaisons are encouraged to be trained on cultural competency, tribal governments, and tribal sovereignty, recommended, for example, by the Governor’s Tribal Advisor, Indian Health Services, or tribes.</p>
<p>X. Contacts</p> <p>For Elected Tribal Leaders: The Office of the Governor’s Tribal Advisor maintains a contact list on its website (http://tribalgovtaffairs.ca.gov/). If there are any changes or inconsistencies, please contact Heather Hostler, Chief Deputy, (heather.hostler@gov.ca.gov).</p> <p>For Tribal Health Program Leaders: The Department of Health Care Services maintains a contact list of tribal health programs. If there are any changes or inconsistencies, please contact Andrea Zubiata, Coordinator, Indian Health Program, (andrea.zubiata@dhcs.ca.gov).</p>	<p>[These websites and contacts could change over time, so are not included in our policy. However, to implement this policy, these are lists we will use to contact tribal leaders and copy tribal health program leaders as described in the policy.]</p>